DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: UT - 01 - 008

2. STATE: UTAH

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2000

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1932(A)(1) of the Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2000 $-0-
b. FFY 2001 $-0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Pages 11b through 11h

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
New

10. SUBJECT OF AMENDMENT:
State Plan Option for Managed Care

11. GOVERNOR'S REVIEW *(Check One)*:

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Rod Betit

13. TYPED NAME:
Rod L. Betit

14. TITLE:
Executive Director
Department ofHealth

15. DATE SUBMITTED:
MARCH 2, 2001
~~November 7, 2000~~

16. RETURN TO:
Rod L, Betit - Executive Director
Department of Health
Box 143102
Salt Lake City, UT 84114-3102

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
March 16, 2001

18. DATE APPROVED:
May 11, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:
Spencer K. Ericson

21. TYPED NAME:
Spencer K. Ericson

22. TITLE:
~~Acting~~ Associate Regional Administrator

23. REMARKS:

POSTMARK: March 12, 2001

FORM HCFA-179 (07-92)

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STATE OF UTAH
STATE PLAN AMENDMENT
MEDICAID VOLUNTARY PCCM/MCO PROGRAM

I Eligibility

A. Eligible Categories

The State of Utah Voluntary Primary Care Case Management/Managed Care Organization (PCCM/MCO) Program will include all Medicaid eligibility categories living in the rural counties of Utah except those listed under I.B. The Voluntary (PCCM/MCO) program is limited to the 25 rural counties of Utah. The primary care provider, either as a PCCM or as a provider participating with an MCO, coordinates patient care and acts as a gatekeeper.

B. Eligibility Category Exemptions

The State of Utah Voluntary PCCM/MCO Program assures the exclusion of the following Medicaid eligible individuals from enrollment:

1. Individuals residing in a nursing facility or ICF/MR;

2. Individuals living in State institutions (State Hospital or State Developmental Center); and

3. Individuals who have an eligibility period that is only retroactive or for those months that their eligibility is retroactive.

II Voluntary Enrollment

A. Clients are allowed to change their PCCM or MCO at any time, or they may disenroll from the Voluntary PCCM/MCO Program and move to the traditional fee-for-service program. Client disenrollment from the Voluntary PCCM/MCO Program is effective no later than the beginning of the next calendar month, as long as the request for disenrollment is made by the 20th of the previous month.

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STATE OF UTAH
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MEDICAID VOLUNTARY PCCM/MCO PROGRAM (cont.)

B. Clients will have the choice of the traditional fee-for-service (FFS) Program or of enrolling in the Voluntary PCCM/MCO Program. If an MCO is not available in a county, the choice will be either traditional FFS or the selection of a PCCM, if one is available within that county.

1. Process

Either a Health Program Representative (HPR) employed by the Division of Health Care Financing or the local health department under contract with the Medicaid Agency will enroll Medicaid clients with participating PCCMs or MCOs. The Division of Health Care Financing will contract with the local health departments to recruit providers to enroll as Medicaid PCCMs or MCOs and to link Medicaid clients with participating PCCMs or MCOs.

2. Methodology

The HPR or local health department worker shall contact providers eligible to be PCCMs under the Voluntary PCCM/MCO Program and promote enrollment in the program using, at a minimum, the following methods:

a. contacting and explaining the program to potential PCCMs;

b. referring the potential PCCM to the appropriate Medicaid staff to initiate enrollment in the program;

c. maintaining a list of medical providers who are participating in the PCCM/MCO program;

d. assisting participating PCCMs with Medicaid claims and referral processes;

e. contacting medical institutions such as hospitals, clinics, etc., and medical support providers such as dentists, pharmacists, medical laboratories, etc., to explain the PCCM/MCO program as it relates to the institution or provider;

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MEDICAID VOLUNTARY PCCM/MCO PROGRAM (cont.)

f. providing ongoing training, information, and education to medical care providers interested in participating in the PCCM/MCO program and to providers enrolled in the PCCM/MCO program.

The content of the voluntary enrollment sessions includes information as follows:

An explanation of the Medicaid program, including:

a. services covered under the PCCM/MCO Program and, when applicable, how to access them;

b. benefits covered by Medicaid, and how clients may access these services;

c. assistance to those Medicaid individuals who have selected a PCCM with the referral process to ensure that access to care is not impaired;

d. disenrollment and change policies and procedures assuring that clients may disenroll with or without cause at any time effective the following month after requesting disenrollment, with a clear explanation that enrollment is voluntary, and that the client may disenroll at any time with or without cause;

e. listing of providers (PCCMs and MCOs) available in the area.

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f. instructions for changing from one PCCM or MCO to another PCCM or MCO, or disenrollment from the Voluntary PCCM/MCO Program and into the traditional FFS program;

g. enrollee rights and responsibilities; and

h. grievance and appeal procedures (State Fair Hearing process), and the procedures for using them.

If the client would like to choose a PCCM/MCO, he or she will be asked to complete a form indicating the selection.

III Geographic Areas

The Voluntary PCCM/MCO Program is limited to the 25 rural counties of Utah.

IV Cost Sharing Consistent with Medicaid Regulations.

V Program Administration

A. PCCM Credentials

Any PCCM who has signed a provider agreement with the Division of Health Care Financing will be considered for participation. In order to be a PCCM, the PCCM must:

1. provide comprehensive primary medical care to all Medicaid clients enrolled with the PCP;

2. provide patient access to medical care by providing referrals to specialists (excluding anesthesiologists, radiologists, and assistant surgeons);

STATE OF UTAH
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MEDICAID VOLUNTARY PCCM/MCO PROGRAM (cont.)

3. provide 30-day notification to the Division of Health Care Financing, or to the local health department and to the Medicaid clients who the PCCM or MCO serves, if the PCCM or MCO decides to terminate being a primary care provider with Medicaid, so that continuity of care can be maintained;

4. agree to comply with all pertinent Medicaid regulations and State Plan standards regarding access to care and quality of services;

5. be available or have appropriate coverage for the Medicaid clients in the PCCM's practice;

6. meet general qualifications for enrollment as a Medicaid provider;

7. not refuse a selection or disenroll a participant, or otherwise discriminate against a participant solely on the basis of race, color, nationality, disability, age, sex, or type of illness or condition, except when that illness or condition can be better treated by another provider type.

B. MCO Credentials

Any MCO that has a contract with the Division of Health Care Financing to provide services to Medicaid clients will be considered for participation. The MCO must adhere to all provisions in the contract between the MCO and the Division of Health Care Financing. The MCO must provide 30-day notification to the Division of Health Care Financing if the MCO decides to terminate being an MCO in one or more of the rural counties of Utah.

C. Compliance

The State further assures that all requirements of Section 1932 of the Social Security Act will be met. All relevant provisions are included in the agreement with the PCCM or in the contract with the MCO.

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MEDICAID VOLUNTARY PCCM/MCO PROGRAM (cont.)

1. The State will monitor and oversee the operation of the Voluntary PCCM/MCO Program, assuring compliance with all federal program requirements, federal and state laws and regulations, and the requirements of the contracts or agreements agreed upon by Medicaid and the PCCMs or the MCOs.

2. The State will maintain a grievance and complaint process to track all complaints and grievances received from clients and providers about the Voluntary PCCM/MCO Program. All complaints and grievances will be analyzed and used for evaluation purposes.

3. Medicaid staff will provide technical assistance as necessary to ensure that the PCCMs and MCOs have adequate information and resources to comply with all requirements of the law and their agreements or contracts.

D. Interpretive Services

Interpretive services are available through the Division of Health Care Financing's contracts with agencies that provide medical interpretive services in a variety of languages. The PCCMs will access interpretive services as needed. MCOs are required under the contract with the Division of Health Care Financing to provide interpretive services.

E. Coordination with Out-of-Plan and Excluded Services

The State assures that the services provided within the PCCM/MCO Program and Medicaid-covered services excluded from the PCCM/MCO Program will be coordinated. The required coordination is specified in the State contract with the MCOs and in the agreement with the PCCMs.

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MEDICAID VOLUNTARY PCCM/MCO PROGRAM (cont.)

VI Rates and Payments

A. PCP Rates

PCCMs participating in the Voluntary PCCM/MCO Program will be reimbursed on a fee-for-service basis. Rates will be the same as for rural fee-for-service providers. Medicaid physicians in the rural counties receive a greater reimbursement for evaluation and management procedure codes than the physicians in the urban counties.

B. MCO Rates

MCOs will be paid on a capitated basis. Rates will be established in negotiations between the Division of Health Care Financing and each MCO. State payments to MCOs will comply with federal regulations.